

**LAWYERS' PROFESSIONAL INDEMNITY COMPANY**  
**EXCESS PROFESSIONAL LIABILITY INSURANCE**  
**REQUEST FOR CHANGE FORM**



This request forms part of the LAW FIRM's application for Excess Professional Liability Insurance with the Lawyers' Professional Indemnity Company.

LAW FIRM Name: \_\_\_\_\_ Excess POLICY No. 4 - \_\_\_\_\_

Requested Change to Current Excess POLICY:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If the requested change noted above is an increase in coverage limits, have you already received an estimate from LAWPRO for the requested increase?

- n/a (requested change is not an increase in limits)
- I have received an estimate from LAWPRO and would like to proceed with this request.
- I will contact LAWPRO for a no obligation estimate.
- I do not require an estimate, please commence the Underwriting process.

Reason For Requested Change (provide full details):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Preferred Date of Requested Change: **(Please note that changes are not made retroactively, and that requests for expanding POLICY coverage are not generally provided until after 60 days subsequent to receiving the signed request):**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ (mm/dd/yyyy)

It is hereby declared that reasonable inquiry has been made of the partners, associates and employees of the LAW FIRM, and that except to the extent that LAWPRO has already been notified of a CLAIM or CIRCUMSTANCES, the INSURED, its partners, associates and employees, are not aware of any CLAIM or CIRCUMSTANCES under the POLICY or any replacing policies.

On behalf of the LAW FIRM:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (print): \_\_\_\_\_